

# APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

Hospital Wasatch County Hospital City and State Heber City, Utah

Name in Full Jones, J.S. Roger Date 8/1/74

Office Address 206 8th Avenue, Salt Lake City, Utah 84103 Telephone 359-8082  
Primary Childrens Medical Center, SLC 84103 Telephone 328-9061

Residence Address 206 8th Avenue, Salt Lake City, Utah Telephone 359-8082

Sex M Marital Status Married No. of Dependents 3 Citizenship U.S.

Date of Birth 1/18/39 Birthplace Salt Lake City

Premedical Education: College or University Stanford 1957-58, Univ. of Utah 1958-61  
Degree B. A. ( U of U ) Date of Graduation 1961

Medical Education: Medical School McGill  
Degree M.D., C. M. Date of Graduation 1965

Internship: Hospital University of Utah Date 1965-66 Rotating ☒ Special ☐  
Date \_\_\_\_\_ Rotating ☐ Special ☐

Licensures Arizona 1968 License No. 5030 Registry No. \_\_\_\_\_ Reciprocity ☒ Examination ☐  
STATE OR PROVINCE DATE ISSUED  
Utah 1968 License No. 3928 Registry No. \_\_\_\_\_ Reciprocity ☒ Examination ☒  
STATE OR PROVINCE DATE ISSUED  
(National Boards)

Has your license to practice medicine in any jurisdiction ever been suspended or revoked? If so, give full details on separate sheet.

Residencies Pediatrics, University of Utah Date 1968-800  
HOSPITAL AND TYPE OF RESIDENCY  
Anesthesiology, 1971-73 Date 1971-73  
HOSPITAL AND TYPE OF RESIDENCY

Fellowship Pulmonary, 1970-71 Date 1970-71

Assistantships \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Teaching Appointments Univ. of Utah, Lecturer, Anesthesiology Date 1973-  
\_\_\_\_\_ Date \_\_\_\_\_

Postgraduate Education \_\_\_\_\_ Date \_\_\_\_\_  
INSTITUTION. PRECEPTOR. ADDRESS  
\_\_\_\_\_ Date \_\_\_\_\_  
INSTITUTION. PRECEPTOR. ADDRESS  
\_\_\_\_\_ Date \_\_\_\_\_  
INSTITUTION. PRECEPTOR. ADDRESS

Membership on Other Hospital Staffs (past and present) Primary Childrens Hospital,  
Wyoming State Hospital, Grand Canyon Hospital

Have your privileges at any hospital ever been suspended, diminished, revoked, or not renewed? If so, explain in full detail on separate sheet.

Membership in Medical Societies Salt Lake County Medical Society, AMA, Intermountain  
Pediatric Society, Intermountain Thoracic Society,

Have you ever been denied membership or a renewal thereof, or been subject to disciplinary proceedings in any medical organization? If so, give full details on separate sheet.

Fellowship: American College of Surgeons ☐ American College of Physicians ☐ Date \_\_\_\_\_

Fellowship in other specialty colleges \_\_\_\_\_ Date \_\_\_\_\_  
NAME OF COLLEGE

Certified by American Board of Pediatrics Date \_\_\_\_\_  
NAME OF BOARD

References and Addresses (preferably preceptors or previous medical associates) Wallace Ring, M.D., Primary  
Childrens Med Center, John Adair, Primary Childrens Med Center

On separate sheets list scientific papers, essays, and theses you have written, and scientific meetings you have attended during the past three years.

Privileges Desired Consultant: Pulmonary, Anesthesiology

Previous Experience in Specialties Applied for: Medical Director; Pulmonary Function Lab, ICU, Respiratory Therapy, Primary Childrens Hospital; Anesthesiologist Same Institution

General Surgery: Number of Operations Performed \_\_\_\_\_ Number of Operations as Assistant \_\_\_\_\_

Names of Preceptors \_\_\_\_\_

Gynecology: Number of Gynecological Operations Performed \_\_\_\_\_

Number of Gynecological Operations Performed as Assistant \_\_\_\_\_

Names of Preceptors \_\_\_\_\_

Obstetrics: Number of Normal Deliveries Performed \_\_\_\_\_ Number of Abnormal Deliveries Performed \_\_\_\_\_

Names of Preceptors \_\_\_\_\_

Medicine: (Describe experience in general medicine) \_\_\_\_\_

Names of Preceptors \_\_\_\_\_

Other Specialties: (Name and describe experience) As above

Names of Preceptors \_\_\_\_\_

In making application for appointment to the medical staff of this hospital I agree to abide by its bylaws and by such rules and regulations as it may from time to time enact. Moreover, I specifically pledge that I will not receive from or pay to another physician, either directly or indirectly, any part of a fee received for professional services, and I fully understand that any significant misstatements in or omissions from this application constitute cause for summary dismissal from the staff.

JS Rogers  
SIGNATURE OF APPLICANT

M.D.

### CREDENTIALS COMMITTEE

Above Application Was Reviewed by the Credentials Committee with the Following Recommendations:

Appointment to the Honorary ☐ Active ☐ Associate ☒ Courtesy ☐ Division of the Medical Staff

With Privileges in Pediatrics, Anesthesiology With Privileges Limited to Pulmonary

Appointment to be Deferred \_\_\_\_\_ Appointment Not Recommended \_\_\_\_\_

Signed: \_\_\_\_\_ M.D. \_\_\_\_\_ M.D.

Date \_\_\_\_\_ M.D.

### EXECUTIVE COMMITTEE

Approved by the Executive Committee of the Medical Staff of Wesatche Co. Hosp.

Date 8-13-74 \_\_\_\_\_ M.D.

### GOVERNING BOARD

Appointed by the Governing Board of \_\_\_\_\_

NAME OF HOSPITAL

Date \_\_\_\_\_ M.D.

SECRETARY OF GOVERNING BOARD